

**ONE DAY**  
Friday,  
November 27,  
2009

THE **Jenna Johnson** MEMORIAL  
**3 v 3 Soccer Tournament**

TEAM  
APPLICATION

TEAM NAME: \_\_\_\_\_ CLUB (If Applicable): \_\_\_\_\_

Check One: **BOYS** [ ] **GIRLS** [ ] Circle One: **AGE GROUP** U8 U9 U10 U11 U12 U13 U14 U15 U16 U17

<b>Coach or contact Information</b>		<b>PLAYER 6</b> Birth Date: / / Age:	
Name:	Name:		
Address:	Address:		
City/State/Zip:	City/State/Zip:		
Email:	Parent -		
Phone:	Guardian Signature:		
<b>PLAYER ELIGIBILITY – ALL PLAYERS MUST BRING A BIRTH CERTIFICATE OR CURRENT LEAGUE ID CARD TO REGISTRATION</b>		<b>ENRTY FEE PAYMENT OPTIONS:</b>	
<b>PLAYER 1</b> Birth Date: MM / DD / YYYY Age:	<b>\$180 (nonrefundable)*</b> Entry Fee must accompany application.		
Name:	Check or Money Order Information:		
Address:	Make payable to: "The Jenna Johnson Memorial Foundation"		
City/State/Zip:	Mail to: 1228 Plainfield Rd. LaGrange, Illinois 60525.		
Parent -	Credit Card Payment Information:		
Guardian Signature:	Card Type: Visa [ ] Master Card [ ] American Express [ ]		
<b>PLAYER 2</b> Birth Date: MM / DD / YYYY Age:	Card Holder Name: _____		
Name:	Card #: _____		
Address:	Expiration Date: _____ Credit Card Security Code: _____		
City/State/Zip:	Billing Street Address: _____		
Parent -	City/State/Zip _____		
Guardian Signature:	Credit Card Registration <b>MUST BE</b> sent by FAX to (708) 482-3150		
<b>PLAYER 3</b> Birth Date: MM / DD / YYYY Age:	Note – your information will not be shared with any other company. Your statement will show a charge by "The Jenna Johnson Memorial Foundation".		
Name:	All proceeds from this event go to the creation and maintenance of the Jenna Johnson Memorial Foundation and Scholarship that is awarded to a student from Lyons Township High School.		
Address:	Donations to the Foundation/Scholarship are of course greatly appreciated.		
City/State/Zip:	<p><b>* ALL APPLICATIONS RECEIVED PRIOR TO MIDNIGHT OCTOBER 15, 2009 WILL RECEIVE A \$30.00 DISCOUNT PLEASE SEND ONLY \$150 IF YOU MEET THIS DEADLINE. THANKS FOR YOUR SUPPORT ALL TEAMS ARE GUARANTEED 3 GAMES MINIMUM 1<sup>ST</sup> AND 2<sup>ND</sup> PLACE TEAMS WILL RECEIVE MEDALS OR TROPHIES</b></p>		
Parent -			
Guardian Signature:			
<b>PLAYER 4</b> Birth Date: MM / DD / YYYY Age:			
Name:			
Address:			
City/State/Zip:			
Parent -			
Guardian Signature:			
<b>PLAYER 5</b> Birth Date: MM / DD / YYYY Age:			
Name:			
Address:			
City/State/Zip:			
Parent -			
Guardian Signature:			

**Acceptance of Sportsmanship, Responsibility, and Waiver:** Every player must have a parent/guardian sign this form. Signatures on this form signify that each person has read, understands, and will be abide by this information. There are risks associated with participation in this tournament and its related activities. I release and discharge the Jenna Johnson Memorial Foundation, McCook Athletic and Exposition, and Athletico (collectively known as the event organizers) and the workers, employees and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion picture, TV, radio and other media, and to use them, no matter by whom taken, in any matter for publicity, promotion, advertising, trade or commercial purposes without need for any reimbursement or fee paid to me.

**ALL GAMES WILL BE PLAYED ON A 20 X 30 FIELD WITH 4 X 6 GOALS**

All Games Played at the Brand New Indoor Facility at **MAX** 4750 South Vernon Ave., McCook, Illinois 60525; www.Max-Mccook.com

[www.JennaJohnson.org](http://www.JennaJohnson.org)